

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **715412** (3)

1. Corporation Name

**TAVERNIER VOLUNTEER FIRE DEPARTMENT AND AMBULANCE CORP., INC.**



Principal Place of Business

Mailing Address

151 MARINE AVENUE  
POST OFFICE BOX 301  
TAVERNIER FL 33070

151 MARINE AVENUE  
POST OFFICE BOX 301  
TAVERNIER FL 33070

3. Date Incorporated or Qualified <b>10/14/1968</b>	3a. Date of Last Report <b>01/20/1995</b>
4. FEI Number <b>23-7155875</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BOCK, DONALD**  
151 MARINE AVE/P O BOX 301  
189 OCEAN DR  
TAVERNIER 33070

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, SYLVIA	1.2 NAME	<b>Robert Mc Peak</b>
STREET ADDRESS	150 JOJEAN WAY	1.3 STREET ADDRESS	<b>194 Coral Ave.</b>
CITY-ST-ZIP	TAVERNIER FL	1.4 CITY-ST-ZIP	<b>Tavernier FL 33070</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>P O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, BENEDICTO	2.2 NAME	
STREET ADDRESS	133 PACIFIC AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCK, DONALD	3.2 NAME	
STREET ADDRESS	189 OCEAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHER, JR. C	4.2 NAME	
STREET ADDRESS	122 SIOUX STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTH, GEORGE	5.2 NAME	
STREET ADDRESS	232 BUTTONWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLESSER, ROBERT	6.2 NAME	
STREET ADDRESS	103500 OS HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald Bock **Donald Bock** 1/19/96 **305 852 9860**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)